7/11/2012

DRAFT

EXHIBIT 1

TENNESSEE ESSENTIAL HEALTH BENEFITS COMPARISON*

Benefits provided by potential benchmark major medical plans - data as of 7/11/2012. Grouped in the 10 categories of Essential Health Benefits required by the ACA.

See http://www.healthcare.gov/news/factsheets/2011/12/essential-health-benefits12162011a.html

	Small Group			*HMO*	*State Employee Plans*			*Federal Employee Plans*			
***Benefits* [3]**	**BCBS PPO Product ID # 14002TN013**	**BCBS HDHP Product ID # 14002TN016**	**United Healthcare Choice Plus Product ID # 69443TN001**	**United Healthcare Plan of the River Valley**	**Partnership PPO**	**Standard PPO**		**FEHBP BCBS Standard Option**	**FEHBP BCBS Basic Option**	**FEHB GEHA Standard Option**	**Tennessee Mandate**
1. Ambulatory patient services – Federal Mandate											
Primary Care Visit to Treat an Injury or Illness	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	
Specialist Visit	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	
Outpatient Surgery Physician/Surgical Services	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	
Home Health Care Services	Yes Limited to 60 visits per year	Yes Limited to 60 visits per year	Yes Limited to 60 visits per year	Yes	Yes 125 visits per plan year for part-time or intermittent home nursing care given or supervised by a registered nurse. Home Health aides also covered limited to 30 visits/plan year	Yes 125 visits per plan year for part-time or intermittent home nursing care given or supervised by a registered nurse. Home Health aides also covered limited to 30 visits/plan year		Yes 2 hours/day up to 25 visits per year	Yes 2 hours/day up to 25 visits per year	Yes 2 hours/day up to 50 visits per year	

Disclaimer. The data provided in this chart is intended for informational purposes only. This chart has been compiled based on the most recently provided information by insurance carriers. The data and information provided in this chart is subject to change as additional and more detailed information is provided.

EXHIBIT 1
TENNESSEE ESSENTIAL HEALTH BENEFITS COMPARISON *

	Small Group			*HMO*	*State Employee Plans*			*Federal Employee Plans*			
***Benefits* [3]**	**BCBS PPO Product ID # 14002TN013**	**BCBS HDHP Product ID # 14002TN016**	**United Healthcare Choice Plus Product ID # 69443TN001**	**United Healthcare Plan of the River Valley**	**Partnership PPO**	**Standard PPO**		**FEHBP BCBS Standard Option**	**FEHBP BCBS Basic Option**	**FEHB GEHA Standard Option**	**Tennessee Mandate**
Inpatient Hospice Care	Yes	Yes	Yes	Yes	Yes	Yes		Yes Provides for 7 consecutive days of inpatient hospice care or continuous home hospice care; must be separated by 21 days of traditional hospice home hospice care	Yes Provides for 7 consecutive days of inpatient hospice care or continuous home hospice care; must be separated by 21 days of traditional hospice home hospice care	Yes $15,000/year max	
Outpatient Hospice Care	Yes	Yes	Yes	Yes	Yes	Yes		Yes Provides for 7 consecutive days of inpatient hospice care or continuous home hospice care; must be separated by 21 days of traditional hospice home hospice care	Yes Provides for 7 consecutive days of inpatient hospice care or continuous home hospice care; must be separated by 21 days of traditional hospice home hospice care	Yes $15,000/year max	
Breast Cancer Outpatient Treatment Services	Yes (but not specifically addressed in Evidence of Coverage)	Yes (but not specifically addressed in Evidence of Coverage)	Yes	Yes	Yes	Yes		Doesn't specifically include or exclude this benefit	Doesn't specifically include or exclude this benefit	Doesn't specifically include or exclude this benefit	

Disclaimer. The data provided in this chart is intended for informational purposes only. This chart has been compiled based on the most recently provided information by insurance carriers. The data and information provided in this chart is subject to change as additional and more detailed information is provided.

EXHIBIT 1
TENNESSEE ESSENTIAL HEALTH BENEFITS COMPARISON *

	Small Group			*HMO*	*State Employee Plans*			*Federal Employee Plans*			
***Benefits* [3]**	**BCBS PPO Product ID # 14002TN013**	**BCBS HDHP Product ID # 14002TN016**	**United Healthcare Choice Plus Product ID # 69443TN001**	**United Healthcare Plan of the River Valley**	**Partnership PPO**	**Standard PPO**		**FEHBP BCBS Standard Option**	**FEHBP BCBS Basic Option**	**FEHB GEHA Standard Option**	**Tennessee Mandate**
2. Emergency services – Federal Mandate											
Emergency Room services	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	§ 56-7-2355
Emergency Transportation/Ambulance	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	
Urgent Care Centers or Facilities	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	
3. Hospitalization – Federal Mandate											
Inpatient Hospital Services (e.g., Hospital Stay)	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	
Inpatient Physician & Surgical Services	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	
Transplants	Yes	Yes	Yes	Yes Only when performed at in-network facilities	Yes Hotel/meal expenses limited to $150 per day for travel Maximum combined benefit for travel/lodging limited to $15,000 per transplant	Yes Hotel/meal expenses limited to $150 per day for travel Maximum combined benefit for travel/lodging limited to $15,000 per transplant		Yes	Yes	Yes	§ 56-7-2504 (requires offering of bone marrow transplants)[6]
Skilled Nursing Facility	Yes Skilled Nursing Facility and Rehabilitation Facility limited to 60 days combined	Yes Skilled Nursing Facility and Rehabilitation Facility limited to 60 days combined	Yes Up to 60 days per year	Yes Limited to 100 days per year	Yes Must be for other than custodial care Up to 100 days per plan year	Yes Must be for other than custodial care Up to 100 days per plan year		Yes Only when approved by a case manager	Yes Only when approved by a case manager	Yes Covers 14 days after transfer from acute inpatient confinement; $700/day max.	

Disclaimer. The data provided in this chart is intended for informational purposes only. This chart has been compiled based on the most recently provided information by insurance carriers. The data and information provided in this chart is subject to change as additional and more detailed information is provided.

EXHIBIT 1
TENNESSEE ESSENTIAL HEALTH BENEFITS COMPARISON *

	Small Group			*HMO*	*State Employee Plans*			*Federal Employee Plans*			
***Benefits* [3]**	**BCBS PPO Product ID # 14002TN013**	**BCBS HDHP Product ID # 14002TN016**	**United Healthcare Choice Plus Product ID # 69443TN001**	**United Healthcare Plan of the River Valley**	**Partnership PPO**	**Standard PPO**		**FEHBP BCBS Standard Option**	**FEHBP BCBS Basic Option**	**FEHB GEHA Standard Option**	**Tennessee Mandate**
Rehabilitation Facility	Yes Skilled Nursing Facility and Rehabilitation Facility limited to 60 days combined	Yes Skilled Nursing Facility and Rehabilitation Facility limited to 60 days combined	Yes Skilled Nursing Facility/rehabilitation facility up to 60 days per year	Yes Outpatient rehabilitation facility limited to 60 days per calendar year	Yes	Yes		Yes	Yes	Yes	
4. Maternity & newborn care – Federal Mandate											
Newborn Care Routine and Sickness	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	§ 56-7-2301(b)[3]
Prenatal & Postnatal Care	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Minimum Standard 0780-1-68
Delivery & All Inpatient Services for Maternity Care	Yes	Yes	Yes Pre-service notification is required if the stay exceeds 48 hours for normal vaginal delivery or 96 for c-section delivery	Yes	Yes	Yes		Yes	Yes	Yes	§ 56-7-2301
5. Mental health & substance abuse disorder services, including behavioral health treatment – Federal Mandate											
Mental/Behavioral Health Inpatient Services	Yes (optional for groups with less than 26 employees); in plans with 2-50 employees, limited to 20 or 30 inpatient days per year for mental health & substance abuse combined, depending on option selected	Yes In plans with 2-50 employees, limited to 20 inpatient days per year for mental health & substance abuse combined	Yes (For groups 2-50, up to 20 days per year)	Yes	Yes	Yes		Yes	Yes	Yes	§ 56-7-2360 (requires coverage for certain mental health services) § 56-7-2601 (coverage of mental illness)[5][6]

Disclaimer. The data provided in this chart is intended for informational purposes only. This chart has been compiled based on the most recently provided information by insurance carriers. The data and information provided in this chart is subject to change as additional and more detailed information is provided.

EXHIBIT 1
TENNESSEE ESSENTIAL HEALTH BENEFITS COMPARISON *

	Small Group			*HMO*	*State Employee Plans*			*Federal Employee Plans*			
***Benefits* [3]**	**BCBS PPO Product ID # 14002TN013**	**BCBS HDHP Product ID # 14002TN016**	**United Healthcare Choice Plus Product ID # 69443TN001**	**United Healthcare Plan of the River Valley**	**Partnership PPO**	**Standard PPO**		**FEHBP BCBS Standard Option**	**FEHBP BCBS Basic Option**	**FEHB GEHA Standard Option**	**Tennessee Mandate**
Mental/Behavioral Health Outpatient Services	Yes (optional for groups with less than 26 employees); in plans with 2-50 employees, limited to 25 or 30 outpatient visits per year for mental health & substance abuse combined, depending on option selected	Yes In plans with 2-50 employees, limited to 25 outpatient visits per year for mental health & substance abuse combined	Yes (For groups 2-50, up to 25 visits)	Yes	Yes	Yes		Yes	Yes	Yes	§ 56-7-2360 (requires coverage for certain mental health services) § 56-7-2601 (coverage of mental illness)[5][6]
Autism Therapy	Yes (behavioral health is optional for groups with fewer than 26 employees) Visit limits apply as described above in plans with 2-50 employees PT/ST/OT covered for autism per § 56-7-2367	Yes (behavioral health is optional for groups with fewer than 26 employees) Visit limits apply as described above in plans with 2-50 employees PT/ST/OT covered for autism per § 56-7-2367	Yes Covers PT/OT/ST office visits and pharmacological management. Groups 51+ mental health treatment covered without any dollar, visit or age limits	Yes	Covers only restorative PT/ST/OT Outpatient benefits limited to 90 days per plan year for PT/ST/OT combined	Covers only restorative PT/ST/OT Outpatient benefits limited to 90 days per plan year for PT/ST/OT combined		Unable to confirm	Unable to confirm	Covers PT/ST/OT	§ 56-7-2367 (requires coverage if plan provides benefits for neurological disorders)[3]

EXHIBIT 1
TENNESSEE ESSENTIAL HEALTH BENEFITS COMPARISON *

	Small Group			*HMO*	*State Employee Plans*			*Federal Employee Plans*			
***Benefits* [3]**	**BCBS PPO Product ID # 14002TN013**	**BCBS HDHP Product ID # 14002TN016**	**United Healthcare Choice Plus Product ID # 69443TN001**	**United Healthcare Plan of the River Valley**	**Partnership PPO**	**Standard PPO**		**FEHBP BCBS Standard Option**	**FEHBP BCBS Basic Option**	**FEHB GEHA Standard Option**	**Tennessee Mandate**
Substance Abuse Disorder Inpatient Services	Yes (optional for groups with less than 26 employees); in plans with 2-50 employees, limited to 20 or 30 inpatient days per year for mental health & substance abuse combined, depending on option selected	Yes In plans with 2-50 employees, limited to 20 inpatient days per year for mental health & substance abuse combined	Yes (For groups 2-50, up to 20 days per year)	Yes	Yes	Yes		Yes $250 per admission copayment for unlimited days (No deductible)	Yes $150 per day copayment up to $750 per admission for unlimited days	Yes	§ 56-7-2602 [6]
Substance Abuse Disorder Outpatient Services	Yes (optional for groups with less than 26 employees); in plans with 2-50 employees, limited to 25 or 30 outpatient visits per year for mental health & substance abuse combined, depending on option selected	Yes In plans with 2-50 employees, limited to 25 outpatient visits per year for mental health & substance abuse combined	Yes (For groups 2-50, up to 25 visits)	Yes	Yes Limited to 8 counseling visits per plan year for alcohol misuse counseling; Limited to 12 counseling visits per plan year for tobacco cessation counseling	Yes Limited to 8 counseling visits per plan year for alcohol misuse counseling; Limited to 12 counseling visits per plan year for tobacco cessation counseling		Yes	Yes	Yes	§ 56-7-2602 [6]
6. Prescription drugs – Federal Mandate											
Generic Drugs	Yes (rider)	Yes (rider)	Yes (rider)	Yes (rider)	Yes	Yes		Yes	Yes	Yes	
Preferred Brand Drugs	Yes (rider)	Yes (rider)	Yes (rider)	Yes (rider)	Yes	Yes		Yes	Yes	Yes	
Non-Preferred Brand Drugs	Yes (rider)	Yes (rider)	Yes (rider)	Yes (rider)	Yes	Yes		Yes[2]	Yes[2]	Yes[2]	
Specialty Drugs	Yes (rider)	Yes (rider)	Yes (rider)	Yes (rider)	Yes	Yes		Yes[2]	Yes[2]	Yes[2]	§ 56-7-2352 (requires coverage of off-label uses of drugs if drug coverage provided)[3]

Disclaimer. The data provided in this chart is intended for informational purposes only. This chart has been compiled based on the most recently provided information by insurance carriers. The data and information provided in this chart is subject to change as additional and more detailed information is provided.

EXHIBIT 1
TENNESSEE ESSENTIAL HEALTH BENEFITS COMPARISON *

	Small Group			*HMO*	*State Employee Plans*			*Federal Employee Plans*			
***Benefits* [3]**	**BCBS PPO Product ID # 14002TN013**	**BCBS HDHP Product ID # 14002TN016**	**United Healthcare Choice Plus Product ID # 69443TN001**	**United Healthcare Plan of the River Valley**	**Partnership PPO**	**Standard PPO**		**FEHBP BCBS Standard Option**	**FEHBP BCBS Basic Option**	**FEHB GEHA Standard Option**	**Tennessee Mandate**
7. Rehabilitative & habilitative services & devices – Federal Mandate											
Outpatient Rehabilitation Services	Yes PT/ST/OT and manipulative therapy limited to 20 visits per year per therapy type. Cardiac and pulmonary therapy limited to 36 visits per type per year.	Yes PT/ST/OT and manipulative therapy limited to 20 visits per year per therapy type. Cardiac and pulmonary therapy limited to 36 visits per type per year.	Yes 20 visits PT 20 visits OT 20 visits ST 20 visits pulmonary rehab. 36 visits cardiac rehab 30 visits post-cochlear implant aural therapy	Yes Up to 60 visits per year	Yes Limited to 90 per plan year for PT/ST/OT combined	Yes Limited to 90 per plan year for PT/ST/OT combined		Yes	Yes	Yes	
Habilitation Services	Yes PT/ST/OT and manipulative therapy limited to 20 visits per year per therapy type. Cardiac and pulmonary therapy limited to 36 visits per type per year.	Yes PT/ST/OT and manipulative therapy limited to 20 visits per year per therapy type. Cardiac and pulmonary therapy limited to 36 visits per type per year.	Habilitative PT/OT/ST covered under Outpatient Rehabilitation Services	Benefits is neither specifically included nor excluded	Covers restorative speech therapy provided there is continued medical progress Limit for outpatient therapies is 90 days per plan year for speech, physical and occupational therapies combined	Covers restorative speech therapy provided there is continued medical progress Limit for outpatient therapies is 90 days per plan year for speech, physical and occupational therapies combined		Covers PT/ST/OT for conditions such as autism Covers 75 days PT/OT/ST	Covers PT/ST/OT for conditions such as autism Covers 50 days PT/OT/ST	Covers PT/ST/OT for conditions such as autism Covers up to 60 visits for PT/OT combined Covers 30 visits for ST	§ 56-7-2603 (treatment by audiologists or speech pathologists)[5][6]
Durable Medical Equipment	Yes	Yes	Yes $2500 per year limited to a single purchase of a type of DME (including repair and replacement) every 3 years	Yes In-network only	Yes	Yes		Yes	Yes	Yes	

Disclaimer. The data provided in this chart is intended for informational purposes only. This chart has been compiled based on the most recently provided information by insurance carriers. The data and information provided in this chart is subject to change as additional and more detailed information is provided.

EXHIBIT 1
TENNESSEE ESSENTIAL HEALTH BENEFITS COMPARISON *

	Small Group			*HMO*	*State Employee Plans*			*Federal Employee Plans*			
***Benefits* [3]**	**BCBS PPO Product ID # 14002TN013**	**BCBS HDHP Product ID # 14002TN016**	**United Healthcare Choice Plus Product ID # 69443TN001**	**United Healthcare Plan of the River Valley**	**Partnership PPO**	**Standard PPO**		**FEHBP BCBS Standard Option**	**FEHBP BCBS Basic Option**	**FEHB GEHA Standard Option**	**Tennessee Mandate**
Breast Cancer Rehabilitation Services	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	§ 56-7-2507 (requires coverage of all stages of reconstructive breast surgery if plan provides coverage of mastectomy surgery)[3]
Mastectomy Prosthetics	Yes	Yes	Yes	Yes In-network only	Yes	Yes		Yes	Yes	Yes	§ 56-7-2507 (requires coverage of all stages of reconstructive breast surgery if plan provides coverage of mastectomy surgery)[3]
8. Laboratory services – Federal Mandate											
Diagnostic Test (X-Ray & Laboratory Tests)	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	
Imaging (CT & PET Scans, MRIs)	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	
Breast Cancer Diagnostic Services	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	
9. Preventive & wellness services & chronic disease management – Federal Mandate											
Preventive Care/Screening/Immunization	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	§ 56-7-2502 (mammography screening)[3] § 56-7-2354 (early detection of prostate cancer)[6] § 56-7-2606 (coverage for chlamydia screening)[6] § 56-7-2363 (colorectal cancer early detection)[6]

Disclaimer. The data provided in this chart is intended for informational purposes only. This chart has been compiled based on the most recently provided information by insurance carriers. The data and information provided in this chart is subject to change as additional and more detailed information is provided.

EXHIBIT 1
TENNESSEE ESSENTIAL HEALTH BENEFITS COMPARISON *

	Small Group			*HMO*	*State Employee Plans*			*Federal Employee Plans*			
***Benefits* [3]**	**BCBS PPO Product ID # 14002TN013**	**BCBS HDHP Product ID # 14002TN016**	**United Healthcare Choice Plus Product ID # 69443TN001**	**United Healthcare Plan of the River Valley**	**Partnership PPO**	**Standard PPO**		**FEHBP BCBS Standard Option**	**FEHBP BCBS Basic Option**	**FEHB GEHA Standard Option**	**Tennessee Mandate**
Evidence-based items or services that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force (Task Force)	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	
Immunizations for routine use in children, adolescents, and adults that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (Advisory Committee)	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	
With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the HRSA	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	
With respect to women, evidence-informed preventive care and screening provided for in comprehensive guidelines supported by HRSA	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	
10. Pediatric services, including oral & vision care – Federal Mandate											
Dental Check-Up for Children	No	No	No	No	No	No		Yes	Yes	Yes	
Vision Screening for Children	Yes (visual acuity screening for children under age 5)	Yes (visual acuity screening for children under age 5)	Yes	Yes	Yes	Yes		Yes	Yes	Yes	

Disclaimer. The data provided in this chart is intended for informational purposes only. This chart has been compiled based on the most recently provided information by insurance carriers. The data and information provided in this chart is subject to change as additional and more detailed information is provided.

EXHIBIT 1
TENNESSEE ESSENTIAL HEALTH BENEFITS COMPARISON *

	Small Group			*HMO*	*State Employee Plans*			*Federal Employee Plans*			
***Benefits* [3]**	**BCBS PPO Product ID # 14002TN013**	**BCBS HDHP Product ID # 14002TN016**	**United Healthcare Choice Plus Product ID # 69443TN001**	**United Healthcare Plan of the River Valley**	**Partnership PPO**	**Standard PPO**		**FEHBP BCBS Standard Option**	**FEHBP BCBS Basic Option**	**FEHB GEHA Standard Option**	**Tennessee Mandate**
Infant Hearing Screening Test	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	§ 56-7-2508 (coverage for infant hearing screening test if plan provides coverage of hospital and surgical services)[3]
Hearing Aids for Children	Yes Limited to $1000 per ear every 3 years for children under 18.	Yes Limited to $1000 per ear every 3 years for children under 18.	Yes $2,500 per year and are limited to a single purchase (including repair/ replacement) every three years.	No	No	No		Yes Limited to $1250 per ear per calendar year for children up to 22.	Yes Limited to $1250 per ear per calendar year for children up to 22.	Doesn't specifically include or exclude children.	§ 56-7-2368 (requires coverage of hearing aids up to $1000 per ear every 3 years for children under 18)[7]
Eye Glasses for Children	No	No	No	No	No	No		No	No	No	
General Pediatric Care	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	
11. Miscellaneous											
Preferred Tobacco Cessation Products must be prescribed by a Physician & obtained from a Network Retail Pharmacy	No	No	No	No	Yes Max. 168 days supply per plan year of generic nicotine replacements. Max. 168 days supply per plan year of generic Zyban or Chantix	Yes Max. 168 days supply per plan year of generic nicotine replacements. Max. 168 days supply per plan year of generic Zyban or Chantix		Yes	Yes	Yes	

Disclaimer. The data provided in this chart is intended for informational purposes only. This chart has been compiled based on the most recently provided information by insurance carriers. The data and information provided in this chart is subject to change as additional and more detailed information is provided.

EXHIBIT 1
TENNESSEE ESSENTIAL HEALTH BENEFITS COMPARISON *

	Small Group			*HMO*	*State Employee Plans*			*Federal Employee Plans*			
***Benefits* [3]**	**BCBS PPO Product ID # 14002TN013**	**BCBS HDHP Product ID # 14002TN016**	**United Healthcare Choice Plus Product ID # 69443TN001**	**United Healthcare Plan of the River Valley**	**Partnership PPO**	**Standard PPO**		**FEHBP BCBS Standard Option**	**FEHBP BCBS Basic Option**	**FEHB GEHA Standard Option**	**Tennessee Mandate**
Chiropractic Office Visits	Yes Manipulative therapy limited to 20 visits per year	Yes Manipulative therapy limited to 20 visits per year	Yes	Yes (optional rider)	Yes	Yes		Yes Osteo and chiro manipulative treatment limited to combined total of 12 visits per person, per calendar year	Yes Osteo and chiro manipulative treatment limited to combined total of 12 visits per person, per calendar year	Yes 12 visits per person per calendar year for manipulation of the spine	§ 56-7-2404 (requires full reimbursement when chiropractic services covered)[3][5] and Departmental Bulletin, February 23, 2009.
Services Related To Temporomandibular Joint Syndrome Or Dysfunction	Yes	Yes	Yes Up to $3000 per year for non-surgical treatment	Yes	Yes Prosthodontic treatment, restorative treatment, full-mouth rehabilitation and equilibrations excluded	Yes Prosthodontic treatment, restorative treatment, full-mouth rehabilitation and equilibrations excluded		No Surgery only	No Surgery only	No Surgery only	Bulletin September 1, 1988
Medication Counseling	Yes	Yes	Yes, when provided by a Physician. Included in an office visit fee	Benefit neither specifically included nor excluded	Yes	Yes		Yes	Yes	Yes	§ 56-7-2364 (insurers "may provide" medication counseling)[5]
Treatment of Diabetes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	§ 56-7-2605
Phenylketonuria Treatment	Yes	Yes	Yes	Yes	Yes	Yes		Doesn't specifically include or exclude this benefit	Doesn't specifically include or exclude this benefit	Yes Covers Kuvan for PKU	§ 56-7-2505 (requires coverage)
Off-label Uses of Approved Drugs	Yes, if recognized through peer-reviewed medical literature	Yes, if recognized through peer-reviewed medical literature	Yes	Benefit neither specifically included nor excluded	Yes	Yes		Doesn't specifically include or exclude this benefit	Doesn't specifically include or exclude this benefit	Doesn't specifically include or exclude this benefit	§ 56-7-2352 (requires coverage of off-label uses of drugs if drug coverage provided)[3]

Disclaimer. The data provided in this chart is intended for informational purposes only. This chart has been compiled based on the most recently provided information by insurance carriers. The data and information provided in this chart is subject to change as additional and more detailed information is provided.

EXHIBIT 1
TENNESSEE ESSENTIAL HEALTH BENEFITS COMPARISON *

	Small Group			*HMO*	*State Employee Plans*			*Federal Employee Plans*			
***Benefits* [3]**	**BCBS PPO Product ID # 14002TN013**	**BCBS HDHP Product ID # 14002TN016**	**United Healthcare Choice Plus Product ID # 69443TN001**	**United Healthcare Plan of the River Valley**	**Partnership PPO**	**Standard PPO**		**FEHBP BCBS Standard Option**	**FEHBP BCBS Basic Option**	**FEHB GEHA Standard Option**	**Tennessee Mandate**
Bone Density Testing	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes Bone density tests for routine screening for women 65 or older or women 60 or older who are at increased risk	§ 56-7-2506 (requires offering of bone density testing)[6]
Clinical Trials	Yes (routine patient care costs related to clinical trials)	Yes (routine patient care costs related to clinical trials)	Yes, for the following: Cancer, cardiovascular (cardiac/stroke), surgical (muscoskeletal disorders of the spine, hip and knees)	Yes	Yes	Yes		Yes	Yes	Yes	§ 56-7-2365 (coverage of approved clinical trials)[3]

Footnotes for table:

[1] The FEHBP BCBS Standard & Basic options cover skilled nursing facilities only when approved by a case manager.
[2] Coverage for Non-Preferred Brand Drugs & Specialty Drugs requires special permission.
[3] Note that those rows in yellow signify mandated benefits if a certain service is offered. For example, Tenn. Code Ann. § 56-7-2367 requires that if a policy provides benefits for "neurological disorders," it must provide "coverage for treatment of autism spectrum disorders that are at least as comprehensive as those provided for other neurological disorders."
[4] Implementation of Autism Bill (Senate Bill 414, 415, & 918) will take place 10/2012. Not part of Essential Health Benefits as these are defined as of 3/31/12.
[5] Signifies "provider" mandate pursuant to Tennessee Law. Law does not mandate coverage for a specific service, but rather requires any coverage for such service to include specific kinds of providers. This chart does not include all provider mandates. For example, Tenn. Code Ann. § 56-7-2401 is a provider mandate for services performed by optometrists, psychologists, podiatrists, and social workers.
[6] Insurers required to offer coverage.
[7] This benefit mandate was enacted prior to December 31, 2011. Therefore, pursuant to the U.S. Department of Health and Human Services guidance, the State would be required to defray the costs of this benefit if the chosen benchmark plan did not cover this mandated benefit as called for by Tenn. Code Ann. § 56-7-2368.

* **The data provided in this chart is not legal advice & is intended for informational purposes only. This chart has been compiled based on presently available enrollment data & benefit design, utilizing the essential health benefit (EHB) definitions & categories as delineated in the most recent guidance provided by the federal government. The U.S. Department of Health & Human Services (HHS) has directed states to choose the EHB benchmark from certain enumerated plans, including the largest HMO & small group plans in the state, identified by enrollment data as reported to HHS for the first quarter of 2012. The data provided in this chart is subject to change as additional federal guidance is provided with regard to EHB.**

** **This chart does not include any eligibility mandates. For example, Tenn. Code Ann. § 56-7-2302(e) requiring coverage of adopted children at the time of placement.**